



United States
Department of
Agriculture



Federal Crop
Insurance
Corporation

FCIC-25750 (03-2018)
FCIC-25750-1 (04-2020)

NURSERY LOSS ADJUSTMENT STANDARDS HANDBOOK

2021 and Succeeding Crop Years

**RISK MANAGEMENT AGENCY
KANSAS CITY, MO 64133**

TITLE: NURSERY LOSS ADJUSTMENT STANDARDS HANDBOOK	NUMBER: FCIC-25750 FCIC-25750-1
EFFECTIVE DATE: 2021 and Succeeding Crop Years	ISSUE DATE: April 22, 2020
SUBJECT: Provides procedures and instructions for administering the Nursery crop insurance program	OPI: Product Administration & Standards Division
	APPROVED: /s/ Richard H. Flournoy Deputy Administrator for Product Management

REASON FOR AMENDMENT:

Major changes: See changes or additions in text which have been highlighted. Three asterisks (***) identify information that has been removed.

1. Page 3, Subparagraph 11(2) – Changed “elect’s” to “elects”
2. Page 3, Subparagraph 11(3) – Changed “will not attach the 31st”, to “will not attach until the 31st”
3. Page 3, Subparagraph 11(3) – Changed “31st” to “31st”
4. Pages 3 and 4, Subparagraph 11(4) – Changed “31st” to “31st”
5. Page 5, Subparagraph 11(6)(d) – Changed “May 31st” to “May 31st, of the applicable crop year”
6. Page 7, Subparagraph 14(1) – Changed "except as provided in paragraph. 14(3)." To “except as provided in paragraph 14(3)”
7. Page 7, Subparagraph 14(3)(b) – Changed “SPs” to “SP”
8. Page 60, Exhibit 4, Form Standards, Appraisal Worksheet, item 14 – Changed “Agreement Name” to “EPLPPS Name”
9. Page 60, Exhibit 4, Form Standards, Appraisal Worksheet, item 16 – Deleted “By Contiguous Land” and inserted “Field ID”
10. Page 60, Exhibit 4, Form Standards, Appraisal Worksheet, item 25 – Updated total
11. Page 70, Exhibit 5, Form Standards, Production Worksheet, item 39, description (9) – Replaced “Explain why control measures did not work” with “Document what insect/disease control practices were in place, and/or any specialists’ opinions that the insect/disease could not be controlled.”
12. Page 75, Exhibit 5, Form Standards, Production Worksheet, item 25 – Added “\$” throughout the worksheet as needed, and centered the “0” on column 26a
13. Page 76, Exhibit 5, Form Standards, Production Worksheet – Added “\$” throughout the worksheet as needed, and centered the “0” on column 26a, 26b, and 26g

NURSERY LOSS ADJUSTMENT STANDARDS HANDBOOK

CONTROL CHART

Nursery Loss Adjustment Standards Handbook							
	TP Page(s)	TC Page(s)	Text Page(s)	Exhibit Number	Exhibit Page(s)	Date	Directive Number
Remove	1-2		3-5, 7	4, 5	60, 70-71, 75, 76	03-2018	FCIC-25750
Insert	1-2		3-5, 7	4, 5	60, 70-71, 75, 76	04-2020	FCIC-25750-1
Current Index	1-2	1-2	1-2	1-3	42-52	04-2020	FCIC-25750-1
			3-5			03-2018	FCIC-25750
			6			04-2020	FCIC-25750-1
			7			03-2018	FCIC-25750
			8-41			04-2020	FCIC-25750-1
			4			03-2018	FCIC-25750
			4			04-2020	FCIC-25750-1
			5			03-2018	FCIC-25750
			5			04-2020	FCIC-25750-1
			5			03-2018	FCIC-25750
			5			04-2020	FCIC-25750-1
6-7	03-2018	FCIC-25750					

FILING INSTRUCTIONS

This handbook provides procedures and instructions for determining nursery payments in accordance with the Nursery Crop Provisions and Common Crop Insurance Policy, Basic Provisions.

This handbook replaces the 2018 Nursery Loss Adjustment Standards Handbook, FCIC-25750 (03-2018). This handbook is effective for the 2021 and succeeding crop years and is not retroactive to any 2020 or prior crop year determinations.

PART 2 - POLICY INFORMATION

The AIP determines the insured has complied with all policy provisions of the insurance contract. The Nursery CP, which are to be considered in this determination include (but are not limited to):

11 Insurability

A nursery grower may insure either the field grown practice or container grown practice or both. Container and field grown plants are insured as if they are different crops and can have different coverage levels on each practice. All insurable plants within the practice (container or field grown) must be insured.

- (1) If the insured selects an additional level of coverage for a practice and the insured elects basic units by plant type, the insured may select a different coverage level for each insurable plant type. If the insured selects CAT level of coverage for a practice all plant types under the practice must be insured at the CAT level of coverage.
- (2) For the field grown practice only, if the insured selects an additional level of coverage for a practice and the insured elects basic units by non-contiguous land, the insured must select one coverage level for all non-contiguous land units.
- (3) The PIVR may be revised no more than twice during the crop year. The increased insurance will not attach until the 31st day after the AIP receives an acceptable revised PIVR. The revision can only be done to increase inventory values.
 - (a) If the insured selects basic units by plant type and submits a revised PIVR to add a new plant type basic unit that was not reported on the initial PIVR, the revised PIVR is not considered one of the two allowable revisions. If a new insured selects basic units by plant type and submits a revised PIVR to add a new plant that was not reported on the initial PIVR and the plant is not categorized under a plant type reported on the initial PIVR the insured must select a coverage level at that time.
 - (b) If an insured has basic units by non-contiguous land (field grown practice only) and submits a revised PIVR to add a location that could not be reported on the initial PIVR, the revised PIVR is not considered one of the two allowable revisions.
 - (c) If an insured has basic units by share or basic units by non-contiguous land and adds a new plant type that could not be reported on the initial PIVR, the revised PIVR is considered one of the two allowable revisions. The coverage level for the new plant type will be the same as the coverage level for all other plant types insured in the basic unit.
- (4) For a new application, coverage will not attach until the later of June 1 or the 31st day after the AIP receives a signed application, PIVR, and two catalogs, unless the AIP notifies the insured in writing that the inventory or catalog is not acceptable. Insurance will not attach until the 31st day after the AIP receives an acceptable PIVR, catalog.

11 Insurability (Continued)

For a carryover policy, coverage will not attach for the crop year until the later of June 1 or the 31st day after the AIP receives an acceptable PIVR and two catalogs. The AIP must receive the acceptable PIVR and catalogs on or before May 1 for insurance to attach June 1. Coverage level changes must be requested on or before the May 1 Sales Closing Date.

- (5) Insurable plants within the practice(s) insured will be all nursery plants and all plant types grown in the county for which a premium rate is provided by the actuarial documents and that:
- (a) are shown on the EPLPPS;
 - (b) the insured has a share;
 - (c) meet all requirements for insurability;
 - (d) are insured by written agreement if a plant genus, species, and cultivar is not listed on the EPLPPS. Approval of the written agreement is subject to RMA approval that the proper storage requirements and an accurate insurable price for the plant can be determined, provided all other requirements, such as plant and container size, are met (excluding CAT level of coverage policies);
 - (e) are determined by the AIP to be acceptable;
 - (f) are grown in a nursery inspected by the AIP and determined to be acceptable;
 - (g) are grown in an appropriate medium;
 - (h) are irrigated unless otherwise provided by the SP;
 - (i) are grown in accordance with the production practices for which premium rates have been established;
 - (j) are grown and sold with the root system attached;
 - (k) are not stock plants or plants being grown solely for harvest of buds, flowers, or greenery;
 - (l) may produce edible fruits or nuts, provided the plants are made available for sale (harvest of the edible fruit or nuts does not affect insurability);
 - (m) are not produced in nursery containers that contain two or more different genera, species, subspecies, varieties, or cultivars.
- (6) Insurance ends at the earliest of:
- (a) the date of final adjustment of a loss when the total indemnities due equal the amount of insurance;

11 Insurability (Continued)

- (b) removal of bare root nursery plant material from the field;
- (c) removal of all other insured plant material from the nursery; or
- (d) May 31st, of the applicable crop year.
- (e) Abandonment of the crop on the basic unit.

12 Causes of Loss

The insurance provided is against only unavoidable loss directly caused by specific causes of loss contained in the Nursery CP and SP. All specified causes of loss must be due to a naturally-occurring event.

Check the applicable county SP for causes of loss that may be insurable or uninsurable by SP statements.

A. Avoidable

All other causes of loss, including but not limited to the following, are not covered.

- (1) Negligence, mismanagement, or wrongdoing by the insured, any member of the insured's family or household, the insured's tenants, or employees;
- (2) Water that is contained by or within structures that are designed to contain a specific amount of water, and such water stays within the designed limits.
- (3) Failure to carry out a good irrigation practice for the insured plants, if applicable.

B. Unavoidable

In accordance with the provisions of section 12 of the BP, insurance is provided for unavoidable damage:

- (1) caused only by the following causes of loss that occurs within the insurance period.
 - (a) Adverse weather conditions, except as specified in section 10(c) of the Nursery CP or the SP;
 - (b) Fire, provided weeds and undergrowth in the vicinity of the plants or buildings on the insured's site are controlled by chemical or mechanical means;
 - (c) Wildlife;
 - (d) Earthquake; or
 - (e) Volcanic eruption.

12 Causes of Loss (Continued)

C. Excluded (continued)

- (5) any cause of loss including those specified in section 10(a) of the Nursery CP, if the only damage is a failure of plants to grow to an expected size;
- (6) failure to follow recognized good nursery practices;
- (7) as specified in some county SP, if during any of the three most recent crop years the insured incurred a paid crop insurance indemnity due to excess moisture or flood that was not associated with a named storm (hurricane, typhoon, or tropical storm named and designated as such by the National Oceanic and Atmospheric Administration's National Hurricane Center, or its successor), we will not insure against any future losses due to excess moisture or flood not associated with a named storm unless the insured makes improvements to the nursery to mitigate future losses from these perils. At the insured's request, the AIP will inspect the improvements and, if acceptable, approve the nursery for renewed coverage against these perils.

13 Provisions Not Applicable to CAT Level of Coverage

- (1) Basic Units by plant type.
- (2) Basic Units by non-contiguous land.
- (3) Written Agreements.
- (4) Hail and Fire Exclusion provisions.
- (5) Peak Inventory Endorsement.
- (6) Rehabilitation Endorsement.
- (7) NGPE.

14 Unit Division

- ***
- (1) Unit division on a geographic basis (i.e., different sections, FSN's, etc.) is not available except as provided in paragraph 14(3).
 - (2) Optional units are not available.
 - (3) If you elect additional coverage for a practice, a basic unit, as defined in section 1 of the BP, may be divided into additional basic units by:
 - (a) Each insurable plant type for which a premium rate is provided by the actuarial documents; or
- ***
- (b) For the field grown practice only, non-contiguous land. Basic units by non-contiguous land for the container grown practice may be allowed if provided for in the SP.
 - (4) Only the plant types listed in the actuarial documents are insurable.

Form Standards – Appraisal Worksheet (Continued)

Company: ABC COMPANY Claim XXXXXXXX

For Illustration Purposes Only						1 INSURED'S NAME				2 POLICY NUMBER			3 UNIT NUMBER				
NURSERY APPRAISAL WORKSHEET						I M INSURED				XXXXXXX			0001-0001-BU				
8 PRACTICE CODE		9 WRITTEN AGREEMENT?				10 LOC STATE CODE		11 LOC COUNTY CODE			12 CAT POLICY?			13 BASIC UNITS?		SELECT ONE	
007		Yes	X	No		X		115			Yes		No	X	By Type	X	
														By Non-contiguous Land			
														By Share			
14 PLANT NAME (Genus/Species/Cultivar)	15a Type Code	15b Storage Key	15c Container HZ		15d Field HZ Min. By Share	16 Field ID	17a Number	17b Size	18 Months to Recover (U, D, S or No. Months)	19 Months to Reach Pre-Damage Stage	20 Remaining Value Factor (100 - (18/19))	21 \$ VALUE PER EACH			22 TOTAL \$ VALUE/LINE		
			Req.	Not Req.							21a Before Loss (Value from Price Listing)	21b After Loss (21a x 20)	21c Uninsured Damage	22a Before Loss (17a x 21a)	22b After Loss (17a x 21b)	22c Uninsured Damage (17a x 21c)	
EPLPPS Name	DS	R1	3-6	7-8	5		750	6 in.	U		100	4.05	4.05	0.00	3,038	3,038	0
EPLPPS Name	DS	R2	3-5	6-8	7		100	6 ft.	D		0	55.26	0.00	0.00	5,526	0	0
EPLPPS Name	DS	R1	3-5	6-8	7		250	4 ft.	12.00	18.00	33	29.25	9.65	0.00	7,313	2,413	0
EPLPPS Name	DS	R2	3-6	7-8	5		500	18 in.	S			12.45	1.00	1.00	6,225	500	500
23 REMARKS											24 TOTAL – This Page			22,102	5,951	500	
Salvage; used for propagation. Uninsured damage due to chemical damage. Hardiness Zone 7A.																	
Appraisal completed MM/DD/YYYY											25 UNIT TOTAL			22,102	5,951	500	

This form example does not illustrate all required entry items (e.g., signatures, dates, etc.).

Form Standards – Production Worksheet (Continued)

Element/Item Number	Description
39. Narrative (continued)	<p>(7) When any other adjuster or supervisor or consultant accompanied the adjuster on the inspection, enter the code number of any other adjuster, or supervisor, and the name of any consultant present during the inspection and the date of inspection.</p> <p>(8) Explain any delayed notices or delayed claims as instructed in the LAM.</p> <p>(9) Specify the type of insects or disease when the insured cause of damage or loss is listed as insects or disease. Document what insect/disease control practices were in place, and/or any specialists' opinions that the insect/disease could not be controlled.</p> <p>(10) Reasons why upgraded prices(s) were not used, i.e., incomplete records, URF less than 0.500.</p> <p>(11) Document the plants and the quantity grown in the nursery not belonging to the insured or plants belonging to the insured but grown in a nursery not owned by the insured.</p> <p>(12) Document the calculation for unreported plant type's proration factor.</p> <p>(13) Document the calculation for the plants missing from the catalog.</p> <p>(14) Document the calculation for PIVR reduction because of prohibited plants reported for insurance.</p> <p>(15) Document the calculations when the nursery has container or plant sizes growing in the nursery that are not listed in the catalog.</p> <p>(16) If the insured incurred a paid crop insurance indemnity during any of the three most recent crop years due to excess moisture or flood that was not associated with a named storm, document the measures taken to mitigate future losses from excess moisture or flood.</p> <p>(17) Document insured value of the plants listed on the verified sales records in an over-report situation.</p> <p>(18) Document any other pertinent information, including photographs taken as documentation.</p>

Form Standards – Production Worksheet (Continued)

Element/Item Number	Description
39. Narrative (continued)	(19) Document any uninsurable plants, including omitted plant values, and add to item 28b. (20) Verify and document the applicable hardiness zone determined at: http://planthardiness.ars.usda.gov/PHZMWeb/InteractiveMap.aspx , or successor Web site.
40. Insured's Signature and Date	Insured's (or insured's authorized representative's) signature and date. BEFORE obtaining Insured's signature, REVIEW ALL ENTRIES on the Production Worksheet WITH THE INSURED, particularly explaining codes, etc., that may not be readily understood.
41. Adjuster's Signature, Code Number, and Date	Signature of adjuster, code number, and date signed after the insured (or insured's authorized representative) has signed. For an absentee insured, enter adjuster's code number ONLY. The signature and date will be entered AFTER the absentee has signed and returned the Production Worksheet.
42. Witness' Signature and Date	Signature of witness and date signed after the insured (or insured's authorized representative) and adjuster has signed. For an absentee insured or if signatures are not observed, leave blank.
43. Other Signature(s) and Date(s)	Signature(s) of others if present when the loss adjustment was conducted; e.g., consultants, etc., and the date signed.
44. Page Numbers	Page numbers - (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).

Form Standards – Production Worksheet (Continued)

NURSERY PRODUCTION WORKSHEET/CLAIM FORM (FOR ILLUSTRATION PURPOSES ONLY)															
1 Crop/Code #: NURSERY 0073		2 Basic Unit: 0001-0001-BU		3 Cropping Practice: 008		4 Location Description: 123 WEST PINE ANY CITY, ANY STATE				8 Company: ABC INSURANCE COMPANY ANY CITY, ANY STATE				9 Name of Insured: I M INSURED	
5 Date(s) of Damage:		JAN 11				Agency: ABC AGENCY ANY CITY, ANY STATE				10 Claim #: XXXXXXXX		12 Crop Year: YYYY			
6 Cause(s) of Damage:		FREEZE								11 Policy #: XXXXXXXX		14 Date Notice of Loss: MM DD YYYY			
7 Insured Cause %:		100								15 Assign. of Indemnity: Yes No X		16 Transfer of Right to Indemnity: Yes No X			
13 Basic Unit By: Type X		Non-contiguous Land		Share								17 Companion Policies:			

SECTION I - IMMEDIATELY PRIOR TO THIS LOSS (Include Applicable Peak Inventory Endorsement(s))						
18a Basic Unit XPS Liability: <i>Excluding Price & Share</i>		\$750,000	18b Basic Unit Previous Indemnity(ies): <i>Sum of item 34, previous losses (Exclude Indemnities applicable to Peak Inventory Endorsements)</i>	\$0	18c Effective XPS Liability: <i>18a – 18b or 38 from page 1 if > 6units</i>	\$750,000
19a Basic Unit CYD: <i>Inventory Value X (1.000 – Coverage Level %)</i>		\$250,000	19b Basic Unit Previous Occurrence Deductible(s): <i>Sum of item 31, previous losses (Exclude Occurrence Deductible(s) applicable to Peak Inventory Endorsements)</i>	\$0	19c Effective CYD: <i>19a – 19b or 33 from page 1 if > 6 units</i>	\$250,000

SECTION II - THIS LOSS									
20a Inspection Number: 1		21 Reported Basic Unit Value: <i>Item 18a + Item 19a</i>		22 Sum of Previous Losses: <i>Adjusted Losses (Item 18b + Item 19b + 28b)</i>		23 Basic Unit FMV-A: <i>Sum of all item 27 entries</i>		24a Under-Report Factor: <i>Lesser of 1.000 or (Item 21 – Item 22) ÷ Item 23</i>	
20b Coverage Level %: 75%		\$1,000,000		\$0		\$875,000		24b Over-Report Factor: <i>[(Item 21 – Item 22) ÷ (Item 23+insured value of the plants listed on the verified sales records)] – 1.100</i> 0.030	

25 Damage similar to other nurseries in the area?		26a Type:		26b Type:		26c Type:		26d Type:		26e Type:		26f Type:		26g Summary:
		Alpha Code	Numeric Code	Alpha Code	Numeric Code	Alpha Code	Numeric Code	Alpha Code	Numeric Code	Alpha Code	Numeric Code	Alpha Code	Numeric Code	
Yes	X	No		DT	056									
27 FMV-A:				\$875,000										
28 FMV-B:		28a Value Remaining Insured Cause:		\$550,500										
		28b Value Assessed Uninsured Cause:		\$10,000										
		28c FMV-B(Total): <i>Item 28a + Item 28b</i>		\$560,500										
29 Unadjusted Loss: (FMV-A – FMV-B(Total)) <i>Item 27 – Item 28c</i>				\$314,500										
30 Adjusted Loss: Over-Report Situation: <i>Item 29 X Item (1 - 24b)</i>				\$305,065										
31 Occurrence Deductible: Over-Report Situation: <i>Item 27 X [(100% – Item 20b) X (1 + 24b)]</i>				\$225,313										
32 Unadjusted Indemnity: <i>Item 30 – Item 31</i>				\$79,752										
33 CYD Remaining: <i>Item 19c – Item 31</i>				\$24,687										
34 Preliminary Indemnity: <i>Lesser of item 32 or item 18c</i>				\$79,752										
35 Percent Share:				1.000										
36 Price Election Percent:				1.00										
37 Indemnity:				\$79,752										
38 Effective XPS Liability Remaining: <i>Item 18c – Item 34</i>				\$670,248										

39 Narrative: (If more space is needed, attach a Special Report)
 This is a Buy-up Policy with an over-reported inventory value. Insured value of the plants listed on the verified sales records = \$10,000. Hardiness Zone 7A.

This form example does not illustrate all required entry items (e.g., signatures, dates, etc.).

Form Standards – Production Worksheet (Continued)

NURSERY PRODUCTION WORKSHEET/CLAIM FORM (FOR ILLUSTRATION PURPOSES ONLY)															
1 Crop/Code #: NURSERY 0073		2 Basic Unit: 0001-0001-BU		3 Cropping Practice: 007		4 Location Description: 123 WEST PINE ANY CITY, ANY STATE				8 Company: ABC INSURANCE COMPANY ANY CITY, ANY STATE				9 Name of Insured: I M INSURED	
5 Date(s) of Damage: JAN 20				6 Cause(s) of Damage: FREEZE				7 Insured Cause %: 100				10 Claim #: XXXXXXXXX		12 Crop Year: YYYY	
13 Basic Unit By: Type X Non-contiguous Land Share				Agency: ABC AGENCY ANY CITY, ANY STATE				14 Date Notice of Loss: MM DD YYYY				15 Assign. of Indemnity: Yes No X		16 Transfer of Right to Indemnity: Yes No X	
17 Companion Policies:															
SECTION I - IMMEDIATELY PRIOR TO THIS LOSS (Include Applicable Peak Inventory Endorsement(s))															
18a Basic Unit XPS Liability: <i>Excluding Price & Share</i>				\$750,000		18b Basic Unit Previous Indemnity(ies): <i>Sum of item 34, previous losses (Exclude Indemnities applicable to Peak Inventory Endorsements)</i>				\$190,000		18c Effective XPS Liability: <i>18a – 18b or 38 from page 1 if > 6units</i>		\$560,000	
19a Basic Unit CYD: <i>Inventory Value X (1,000 – Coverage Level %)</i>				\$750,000		19b Basic Unit Previous Occurrence Deductible(s): <i>Sum of item 31, previous losses (Exclude Occurrence Deductible(s) applicable to Peak Inventory Endorsements)</i>				\$750,000		19c Effective CYD: <i>19a – 19b or 33 from page 1 if > 6 units</i>		\$0	
SECTION II - THIS LOSS															
20a Inspection Number: 2		21 Reported Basic Unit Value: <i>Item 18a + Item 19a</i>				22 Sum of Previous Losses: <i>Adjusted Losses (Item 18b + Item 19b + 28b)</i>				23 Basic FMV-A: <i>Sum of all item 27 entries</i>				24a Under-Report Factor: <i>Lesser of 1.000 or (Item 21 – Item 22) ÷ Item 23</i>	
20b Coverage Level %: 50%		\$1,500,000				\$940,000				\$800,000				24b Over-Report Factor: <i>[(Item 21 – Item 22) ÷ (Item 23+insured value of the plants listed on the verified sales records)] – 1.100</i>	
25 Damage similar to other nurseries in the area?		26a Type:		26b Type:		26c Type:		26d Type:		26e Type:		26f Type:		26g Summary:	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Alpha Code Numeric Code		Alpha Code Numeric Code		Alpha Code Numeric Code		Alpha Code Numeric Code		Alpha Code Numeric Code		Alpha Code Numeric Code			
		BE 057		BS 061											
27 FMV-A:		\$500,000		\$300,000										\$800,000	
28 FMV-B:		28a Value Remaining-Insured Cause: \$260,000		28b Value Assessed Uninsured Cause: \$0		28c FMV-B(Total): <i>Item 28a + Item 28b</i> \$260,000								\$260,000	
29 Unadjusted Loss: (FMV-A – FMV-B(Total)) <i>Item 27 – Item 28c</i>		\$240,000		\$300,000										\$540,000	
30 Adjusted Loss: Under-Report Situation: <i>Item 29 X Item 24a</i>		\$168,000		\$210,000										\$378,000	
31 Occurrence Deductible: Under-Report Situation: <i>Item 27 X [(100% – Item 20b) X Item 24a]</i>														\$0	
32 Unadjusted Indemnity: <i>Item 30 – Item 31</i>														\$378,000	
33 CYD Remaining: <i>Item 19c – Item 31</i>														\$0	
34 Preliminary Indemnity: <i>Lesser of item 32 or item 18c</i>														\$378,000	
35 Percent Share:														1.000	
36 Price Election Percent:														.55	
37 Indemnity:														\$207,900	
38 Effective XPS Liability Remaining: <i>Item 18c – Item 34</i>														\$182,000	
39 Narrative: (If more space is needed, attach a Special Report)															
This is a CAT Policy with an under-reported inventory value. Insured has purchased additional stock after first loss occurrence. Hardiness Zone 7A.															

This form example does not illustrate all required entry items (e.g., signatures, dates, etc.).